046 EFFECTIVE TREATMENT OPTIONS FOR MUSCULOSKELETAL PAIN CONDITIONS: A RAPID META-SYNTHESIS OF CURRENT BEST EVIDENCE IN PRIMARY CARE

Opeyemi O. Babatunde, Joanne L. Jordan, Danielle Van der Windt, Nadine E. Foster and Joanne Protheroe
STarTMSK Working Group, Research Institute for Primary Care and Health Sciences, Keele University, Staffordshire, UK

Background: Treatments that are matched to patient risk subgroups (or stratified care) have the potential to improve the effectiveness of primary care for patients with musculoskeletal pain. However, musculoskeletal pain conditions are extensive and the knowledge base is large. To inform the development of matched treatment options, a rapid, yet detailed summary of evidence on the effectiveness of available treatment options was needed. The specific aims of this study were to develop an approach to synthesizing large evidence summaries, to rapidly synthesize and appraise current best evidence on treatment options for the five most common musculoskeletal pain presentations in primary care and to summarize the available evidence on treatments for patient risk subgroups using stakeholder groups.
Methods: Evidence synthesis followed a pyramidal approach using national clinical guidelines, policy documents, clinical evidence pathways and summaries as a starting point. Recommendations about available treatment options for shoulder, neck, knee, back and multisite pain were extracted consecutively. Systematic searches of bibliographic databases were carried out to identify and retrieve more recently published trials that had not yet been summarized in reviews or guidelines or where evidence gaps existed. The quality of evidence was assessed based on modified Grading of Recommendations Assessment, Development and Evaluation quality ratings and strength of evidence. Evidence summaries were subsequently presented to stakeholders (including health service managers, clinicians and researchers) for interpretation and identification of appropriate treatment options that might be matched to patient risk subgroups.
Results: Via a rapid, yet systematic and comprehensive approach, pragmatic summaries of the evidence base on treatment options for five musculoskeletal pain presentations were completed.
Conclusion: Based on current best evidence, identification of matched treatment options according to patient risk subgroups appears feasible across musculoskeletal pain presentations.
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